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CONFIRMATION NO. 1018

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/624,380	<b>FILING OR 371(c) DATE</b> 07/22/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 06727/012001
<b>APPLICANTS</b> Robert Mulroy, Cambridge, MA; Ian Krane, Westboro, MA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/12/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 76
				<b>INDEPENDENT CLAIMS</b> 21
<b>ADDRESS</b> 21559				
<b>TITLE</b> NON-GLYCOSYLATED HUMAN ALPHA-FETOPROTEIN, METHODS OF PRODUCTION, AND USES THEREOF				
<b>FILING FEE RECEIVED</b> 1935	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	